



Date _____

Cheque Acceptance Request

Applicant Details	
Name _____	Contact Person _____
ID/Registration No. _____	Contact Number _____
Applicant Address	
Current Address _____	
Post Code _____	E-mail _____
Telephone _____	Fax _____
Permanent Address _____	

Directors/Partners/Sole Proprietors Details (For Companies only)

Name	Current Address	Permanent Address	Contact No.

* I/ we here by declare , in case of returned cheque i/we will take full responsibility to pay the amount in full within 3 days to Island Aviation Services Limited.
 *If the issue of the cheque fails to pay within 3 days, a case will be filed with Maldives Police Service for further action (As per Negotiable instruments Act 16/95 of MMA)

 Authorised Signature

 Company Stamp/Thumb print

Documents to be submitted with this form
1. Copy of Company's registration. 2. Reference Letter from bank. 3. ID card copy of Directors/Shareholders. 4. ID card copy of Authorised Signatory.

For office Use only	
Approved by: _____	Rejected <input type="checkbox"/>
Signature: _____	Approved <input type="checkbox"/>
Date: _____	IAS/FIN/CHQ /___/___